Training Youth Services Workers to Identify, Assess, and Intervene when Working with Youth at High Risk for Suicide
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Suicidality

• Suicide Thoughts
  – Ideation

• Suicide Behaviors
  – Preparatory acts
  – “Practicing”
  – Attempts
Youth Suicide

• National estimate that 27% of youth in foster care experience some type of suicide risk (ideation, attempt, or death)\(^1\)

• Youth involved in child welfare or juvenile justice are 3-5 times more likely to die by suicide than other youth\(^2\)

• Adolescents in foster care are 4 times more likely to attempt suicide than other youth\(^1\)

• Approximately 2/3 of suicide attempts may be attributable to abusive or traumatic childhood experiences\(^3\)
Suicide

• 10th leading cause of death for all Floridians
• 3rd leading cause of death for FL youth ages 15-24
• 312 suicides among youth < age 20 in past 3 years
Youth Suicide

• Significant gaps in available information
  – Non-treated, non-fatal attempts are not documented for anyone (including youth in the child welfare system)
  – Attempts and deaths not reported specifically for youth in the child welfare system
Suicide Intervention Training

• Statewide Office of Suicide Prevention (SOSP)
  – Develop a network of community-based programs to prepare and implement statewide plan for reducing suicide

• Suicide Prevention Coordinating Council (SPCC)\(^5\)
  – Prepare annual report identifying existing and planned initiatives as well as recommendations
  – Promote the implementation of suicide prevention programs in organizations and institutions that serve children and families
  – Training should address the recognition of at-risk behaviors and intervention skills
Suicide Intervention Training

• Annual training in suicide intervention required for agencies providing services for youth in the child welfare system

• No standardized policies for this training requirement
  – Curriculum developed or chosen by trainers
    • May or may not be evidence-based
  – Modalities include face-to-face, webinars, online modules
  – No outcome evaluation
Training Model

Training

Knowledge

Self-Efficacy

Intervention Behaviors

Attitudes

Reluctance

Previous Experience
Training

• Youth Depression and Suicide: Let’s Talk (YDS)
  – Developed by MA Society for the Prevention of Cruelty to Children in collaboration with MA Department of Children and Families
  – Gatekeeper Training
    • Goal is to link suicidal youth with appropriate care
    • Not a clinical intervention
YDS Training

• Goal
  – decrease suicide and suicidal behavior with youth through the use of evidence-based and sustainable suicide intervention practices

• Objectives
  – Increased worker understanding of the nature and signs of depression and suicidal behavior
  – Increased worker sense of competence and confidence in identifying youth at risk
  – Increased worker capability to respond effectively to a youth in crisis
YDS Curriculum

Part 1: “Acknowledging the Problem” addresses myths, risk factors, protective factors, and warning signs.

Part 2: “Caring for the Person” is skills oriented and focuses on active listening skills, assessing degree of risk, and skill practice using scenarios and role plays.

Part 3: “Telling a Professional” finishes with additional skills for crisis management and risk assessment.
YDS Training Implementation

• Original training
  – Designed to be a 2-hour training
  – Primarily uses Power Point presentation with handouts and some role-play activities

• Modifications for current project
  – Extended to 4 hours
  – Added FL specific information
  – Added additional interactive components
  – Expanded role-play
  – Added component on akathesia
Study Participants

• All participants \((n=44)\) came from a single agency

• All employees were required to take the training but no one was required to participate in the research part of the study
Encounters with Youth at Risk for Suicide

• 80% indicated that is was “likely” or “very likely” they would encounter a youth at risk for suicide as part of their job

• 86% indicated they had encountered a suicidal individual at some point in the past

• 67% indicated they had encountered a suicidal individual in the past 3 months
  – On average, 6 suicidal individuals in the past 3 months
Preparation

• 79% of participants were aware of an agency protocol for intervening with suicidal youth.
  – 85% reported reading the protocol

• Of those without a protocol, 100% felt that a protocol would be helpful.

• 76% reported previous on the job training (average of 10 hours total).

• 98% felt suicidal intervention training would be helpful.
Training Outcomes

• Knowledge
  – 17% increase in scores from 71% to 88%
  – Notable items
    • Asking about suicide doesn’t increase risk; it actually lowers risk (19% increase)
    • Substance abuse is a major risk factor for suicide (14% increase)
Training Outcomes

• Preparedness
  – “Neutral” -> “Moderately Agree”
  – Participants felt more prepared to carry out their role as a gatekeeper

• Self-Efficacy
  – “Neutral” -> “Moderately Agree”
  – Participants expressed an increase in the self-efficacy for carrying out their role as a gatekeeper
Training Outcomes

• Attitudes
  – Increase in positive attitudes toward suicide intervention and individuals at risk for suicide

• Reluctance
  – No change in reluctance but very low to begin with
Intervention Behaviors

• In the past 3 months how often have you asked a youth about suicidal thoughts when he or she:

  – Said something about ending their life (61% “Always”)

  – Seemed depressed (48% “Always”)

  – Had a traumatic experience (42% “Always”)
Intervention Behaviors

• In the past 3 months how often did you do the following when you thought a youth might be suicidal:
  
  – Asked the youth about suicidal thoughts (57% “Always”)
  
  – Spent time listening to the youth (80% “Always”)
  
  – Convinced the youth to seek help (66% “Always”)
  
  – Accessed appropriate resources (55% “Always”)
Conclusions

- Training
  - Knowledge
  - Self-Efficacy
  - Attitudes
  - Reluctance

- Previous Experience

- Intervention Behaviors
Conclusions

• Encountering suicidal youth or youth at elevated risk for suicide is occurring frequently at this child welfare agency

• The majority of staff are consistently using appropriate and effective gatekeeper behaviors, but there is room for improvement

• Positive outcomes for knowledge, preparedness, self-efficacy, and attitudes after the training
Next Steps

• Evaluate if training leads to increased use of gatekeeper behaviors over time

• Determine if gatekeeper behaviors lead to increased identification, assessment, and intervention with suicidal youth and youth at risk for suicide

• Replicate study with potential for wider scale implementation
Accessing the YDS Training

- **Cost of materials**: **FREE**
  - PowerPoint slides
  - Trainer’s manual
  - Handouts

- May be staffing costs (e.g., trainers, time away from work, overtime)

- **Contacts**
  - Alan Holmlund ([alan.holmlund@state.ma.us](mailto:alan.holmlund@state.ma.us))
    - Access to original training materials
  - Philip Osteen ([posteen@fsu.edu](mailto:posteen@fsu.edu))
    - Outcome evaluation
    - Collaboration
    - Training


